

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491311008618			
Form 990-PF Department of the Treasury Internal Revenue Service		Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.			OMB No 1545-0052  2017  Open to Public Inspection		
For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017							
Name of foundation THE ARIEL FOUNDATION				A Employer identification number 27-0226408			
Number and street (or P O box number if mail is not delivered to street address) 101 EAST GAMBIER STREET			Room/suite	B Telephone number (see instructions) (740) 392-0364			
City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, OH 43050				C If exemption application is pending, check here			
G Check all that apply Initial return Final return Address change Initial return of a former public charity Amended return Name change				D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation			
H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here			
I Fair market value of all assets at end of year (from Part II, col (c), line 16)\$ 48,131,968		J Accounting method Cash Other (specify) (Part I, column (d) must be on cash basis )		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )				(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	10,042,596				
	2	Check if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	160,711	164,659			
	4	Dividends and interest from securities	313,994	380,946			
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	1,188,152				
	b	Gross sales price for all assets on line 6a 13,245,786					
	7	Capital gain net income (from Part IV, line 2)		1,188,152			
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
Operating and Administrative Expenses	b	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	707	132,103			
	12	Total. Add lines 1 through 11	11,706,160	1,865,860			
	13	Compensation of officers, directors, trustees, etc	75,000	0			75,000
	14	Other employee salaries and wages	14,352	0			14,352
	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)	2,250	0			0
	b	Accounting fees (attach schedule)	23,555	0			0
	c	Other professional fees (attach schedule)	143,968	192,216			0
	17	Interest					
	18	Taxes (attach schedule) (see instructions)	12,443	3,132			784
	19	Depreciation (attach schedule) and depletion	3,246	0			
	20	Occupancy					
	21	Travel, conferences, and meetings	58	0			58
	22	Printing and publications					
23	Other expenses (attach schedule)	58,320	147,296			58,319	
24	Total operating and administrative expenses. Add lines 13 through 23	333,192	342,644			148,513	
25	Contributions, gifts, grants paid	4,374,245				4,374,245	
26	Total expenses and disbursements. Add lines 24 and 25	4,707,437	342,644			4,522,758	
27	Subtract line 26 from line 12						
a	Excess of revenue over expenses and disbursements	6,998,723					
b	Net investment income (if negative, enter -0-)		1,523,216				
c	Adjusted net income(if negative, enter -0-)						
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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	77,129	287,799	287,799
	2 Savings and temporary cash investments . . . . .	4,113,239	12,172,799	12,172,799
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	34,439,061	35,667,997	35,667,997
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ 38,536 Less accumulated depreciation (attach schedule) ▶ _____ 35,163	6,619	3,373	3,373
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	38,636,048	48,131,968	48,131,968	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	38,636,048	48,131,968	
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	38,636,048	48,131,968	
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	38,636,048	48,131,968		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	38,636,048
2 Enter amount from Part I, line 27a . . . . .	2	6,998,723
3 Other increases not included in line 2 (itemize) ▶ _____	3	2,685,111
4 Add lines 1, 2, and 3 . . . . .	4	48,319,882
5 Decreases not included in line 2 (itemize) ▶ _____	5	187,914
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	48,131,968

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	1,188,152
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	6,466,122	36,605,117	0 176645
2015	5,566,165	39,486,024	0 140965
2014	5,529,322	33,007,286	0 167518
2013	4,736,463	19,701,539	0 240411
2012	1,413,251	14,669,309	0 096341
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 821880
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 164376
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 38,494,274
<b>5</b> Multiply line 4 by line 3			<b>5</b> 6,327,535
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 15,232
<b>7</b> Add lines 5 and 6			<b>7</b> 6,342,767
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 4,522,758

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	30,464
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	30,464
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	30,464
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	11,130
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	51,130
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	20,666
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 20,666 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>KURT E SCHISLER</b> Telephone no <b>(740) 392-0364</b>			

Located at **101 EAST GAMBIER STREET MOUNT VERNON OH**ZIP+4 **43050**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>5b</b>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KAREN BUCHWALD WRIGHT 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	SUPERV DIR , CHAIRMAN,PRES 1 00	0	0	0
THOMAS RASTIN 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	DIRECTOR 1 00	0	0	0
JANET L REYNOLDS 1424 GREENBRIER DRIVE MOUNT VERNON, OH 43050	DIRECTOR, VICE PRESIDENT 30 00	75,000	0	0
KURT E SCHISLER 13445 OLD MANSFIELD ROAD MOUNT VERNON, OH 43050	DIRECTOR,SECRETARY, TREAS 5 00	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. . . . . ▶

0

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. . . . . ▶

0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 . . . . . ▶

0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	34,650,367
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	4,430,114
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	39,080,481
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	39,080,481
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	586,207
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	38,494,274
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,924,714

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,924,714
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	30,464
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	30,464
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,894,250
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,894,250
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,894,250

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,522,758
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,522,758
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,522,758

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				1,894,250
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	749,006			
<b>b</b> From 2013. . . . .	3,778,018			
<b>c</b> From 2014. . . . .	3,906,714			
<b>d</b> From 2015. . . . .	3,635,248			
<b>e</b> From 2016. . . . .	4,654,824			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	16,723,810			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>4,522,758</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				1,894,250
<b>e</b> Remaining amount distributed out of corpus	2,628,508			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,352,318			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	749,006			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	18,603,312			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	3,778,018			
<b>b</b> Excess from 2014. . . . .	3,906,714			
<b>c</b> Excess from 2015. . . . .	3,635,248			
<b>d</b> Excess from 2016. . . . .	4,654,824			
<b>e</b> Excess from 2017. . . . .	2,628,508			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
<b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
<b>c</b> Any submission deadlines	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	4,374,245
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
Enter gross amounts unless otherwise indicated				
<b>1</b> Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments. . . . .				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
		14	160,711	
<b>4</b> Dividends and interest from securities. . . . .				
		14	313,994	
<b>5</b> Net rental income or (loss) from real estate				
a Debt-financed property. . . . .				
b Not debt-financed property. . . . .				
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .				
900000		15	707	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				
		18	1,188,152	
<b>9</b> Net income or (loss) from special events				
<b>10</b> Gross profit or (loss) from sales of inventory				
<b>11</b> Other revenue a _____				
b _____				
c _____				
d _____				
e _____				
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				
	0		1,663,564	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .				
		13		1,663,564

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**[illegible]

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash.	<b>1a(1)</b>	No
<b>(2)</b> Other assets.	<b>1a(2)</b>	No
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>	No
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>	No
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>	No
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>	No
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>	No
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>	No
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>	No
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** _____ Signature of officer or trustee	2018-11-06 _____ Date	***** _____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.)? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00099212
	Firm's name ▶ REA & ASSOCIATES INC				Firm's EIN ▶ 34-1310124
	Firm's address ▶ 941 STEUBENVILLE AVE PO BOX 820 CAMBRIDGE, OH 437250820				Phone no (740) 432-5658

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
GSAM GANNETT WELSH & KOTLER SC	P	2017-01-01	2017-12-31
GSAM GANNETT WELSH & KOTLER SC	P	2016-01-01	2017-12-31
GSAM FX-HEDG INTL DEV EQ BUFF BETA	P	2016-01-01	2017-12-31
GSAM SHAPIRO DYNAMIC EQUITY	P	2017-01-01	2017-12-31
GSAM SHAPIRO DYNAMIC EQUITY	P	2016-01-01	2017-12-31
GSAM CAPITAL GROUP PCS NON-US	P	2017-01-01	2017-12-31
GSAM CAPITAL GROUP PCS NON-US	P	2016-01-01	2017-12-31
JP MORGAN ACCT#4004	D	2017-01-01	2017-12-31
SOUTHOCEAN MULTI-STRATEGY K-1	P	2017-01-01	2017-12-31
SOUTHOCEAN MULTI-STRATEGY K-1	P	2016-01-01	2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13,009		11,421	1,588
247,720		126,353	121,367
1,374,899		1,245,000	129,899
179,469		131,924	47,545
1,070,140		602,547	467,593
16,075		15,163	912
322,904		310,832	12,072
10,021,570		10,021,702	-132
			47,536
			43,019

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,588
			121,367
			129,899
			47,545
			467,593
			912
			12,072
			-132
			47,536
			43,019

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
STAR MOUNTAIN	P	2017-01-01	2017-12-31
STAR MOUNTAIN	P	2016-01-01	2016-12-31
THIRD FRIDAY	P	2017-01-01	2017-12-31
THIRD FRIDAY	P	2016-01-01	2017-12-31
GSAM CAPITAL GAIN DISTRIBUTIONS	P		
SOUTHOCEAN PRIVATE CREDIT PARTNERS	P	2016-01-01	2017-12-31
SOUTHOCEAN PRIVATE CREDIT PARTNERS	P	2017-01-01	2017-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
			-1,240
			11,541
			34,394
			49,849
			219,394
			-403
			3,218

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-1,240
			11,541
			34,394
			49,849
			219,394
			-403
			3,218

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS OF KNOX COUNTY 300 NORTH MULBERRY STREET MOUNT VERNON, OH 43050		PC	FAST & DISASTER SERVICES PROGRAMMING	10,000
BOARD OF KNOX COUNTY COMMISSIONERS 117 E HIGH STREET SUITE 161 MOUNT VERNON, OH 43050		GOV	FASTER CARE RECRUITMENT AND RETENTION	5,000
BOARD OF KNOX COUNTY COMMISSIONERS 117 E HIGH STREET SUITE 161 MOUNT VERNON, OH 43050		GOV	KNOX COUNTY SERVICE CENTER SECURITY UPGRADES	45,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	BAO TACTICAL X-SERIES IIIA CONCEALABLE BALLISTICS VESTS	4,910
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	PHASE IV - ARIEL - FOUNDATION PARK PART 2	8,460
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	SNOW REMOVAL ON CITY SIDEWALKS	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	PHASE III - DOWNTOWN REVITALIZATION PLANTING	18,796
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	WEST HIGH STREET - PHASE 1 - TREE REMOVAL PHASE	22,600
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	PHASE II - WEST HIGH STREET PLANITNGS	42,571
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	DOWNTOWN REVIATALIZATION	67,426
CITY OF MOUNT VERNON 40 PUBLIC SQUARE MOUNT VERNON, OH 43050		GOV	STREET TREE REMOVAL AND TREE PLANTING ALONG GAMBIER & WOOSTER ROADS	105,100
FOUNDATION PARK CONSERVANCY PO BOX 469 MOUNT VERNON, OH 43050		PC	ADDITIONAL GRANT PAYMENT	6,850
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOUNDATION PARK CONSERVANCY PO BOX 469 MOUNT VERNON, OH 43050		PC	EXECUTIVE DIRECTOR OF THE FPC POSITION	7,200
FOUNDATION PARK CONSERVANCY PO BOX 469 MOUNT VERNON, OH 43050		PC	EXECUTIVE DIRECTOR OF THE FPC POSITION	13,700
FOUNDATION PARK CONSERVANCY PO BOX 469 MOUNT VERNON, OH 43050		PC	SCHNORMEIER EVENT CENTER ENCLOSURE	50,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HERITAGE CENTRE ASSOCIATION INC 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	SNOW REMOVAL GRANT 2016 RENEWAL	2,025
HERITAGE CENTRE ASSOCIATION INC 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	ADDITIONAL GRANT PAYMENT	6,290
HERITAGE CENTRE ASSOCIATION INC 102 S MAIN STREET MOUNT VERNON, OH 43050		PC	MAIN STREET CHRISTMAS LIGHT UPDATE	10,824
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPENOW FURNITURE BANK OF KNOX COUNTY PO BOX 627 1025 SUOTH MAIN ST MOUNT VERNON, OH 43050		PC	WOODSHOP VENTILATION SYSTEM	2,500
HOPENOW FURNITURE BANK OF KNOX COUNTY PO BOX 627 1025 SUOTH MAIN ST MOUNT VERNON, OH 43050		PC	EXECUTIVE DIRECTOR POSITION	10,000
HOSPICE OF NORTH CENTRAL OHIO INC 1050 DAUCH DRIVE ASHLAND, OH 44805		PC	ENHANCEMENTS OF CAMP HOPE, WE HONOR VETERANS, BEREAVEMENT SERVICES, AND BEREAVEMENT EDUCATION PROGRA	25,000
<b>Total . . . . .</b> 				4,374,245
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIANA UNIVERSITY 107 S INDIANA AVE BLOOMINGTON, IN 47405		PC	SCHOLARSHIPS	5,000
KNOX COMMUNITY JAZZ ORCHESTRA 105 COLLEGE DRIVE GAMBIER, OH 43022		PC	KNOX COMMUNITY JAZZ ORCHESTRA INAUGURAL SEASON	4,700
KNOX COUNTY EDUCATIONAL SERVICE CENTER 308 MARTINSBURG ROAD MOUNT VERNON, OH 43050		PC	ENRICHMENT PROGRAMS 2017	9,000
<b>Total . . . . .</b> ► <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KNOX COUNTY HEAD START INC 11700 UPPER GILCHRIST RD MOUNT VERNON, OH 43050		PC	PARENT SUPPORT INITIATIVE	136,500
KNOX COUNTY LANDMARK FOUNDATION INC PO BOX 1993 GAMBIER, OH 43022		PC	REINVESTING IN HISTORIC HOMES UPGRADE PROGRAM	40,000
KNOX COUNTY LANDMARK FOUNDATION INC PO BOX 1993 GAMBIER, OH 43022		PC	MASONIC BUILDING MURAL	65,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KNOX COUNTY MEMORIAL BUILDING INC 112 E HIGH ST MOUNT VERNON, OH 43050		PC	MEMORIAL BUILDING KBW INITIAVE - CONCEPT AND DESIGN PHASE	4,200
KNOX COUNTY MEMORIAL BUILDING INC 112 E HIGH ST MOUNT VERNON, OH 43050		PC	KNOX COUNTY MEMORIAL BUILDING EXECUTIVE DIRECTOR SUPPORT	26,200
KNOX COUNTY MEMORIAL BUILDING INC 112 E HIGH ST MOUNT VERNON, OH 43050		PC	KNOX COUNTY MEMORIAL BUILDING FURNISHINGS AND UTILITIES	100,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KNOX PARTNERSHIP FOR ART & CULTURE INC 107 S MAIN STREET MOUNT VERNON, OH 43050		PC	COUNTY WIDE WAYFINDING DISCOVERY AND RECOMMENDATIONS	5,000
KNOX PARTNERSHIP FOR ART & CULTURE INC 107 S MAIN STREET MOUNT VERNON, OH 43050		PC	2017 CHAUTAUQUA / LYCEUM SERIES	3,500
MOUNT VERNON CITY SCHOOL DISTRICT 300 NEWARK ROAD MOUNT VERNON, OH 43050		GOV	YELLOW JACKET CLUB GRANT 2017/2018	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUNT VERNON CITY SCHOOL DISTRICT 300 NEWARK ROAD MOUNT VERNON, OH 43050		GOV	COLUMBIA ELEMENTARY OUTDOOR LEARNING PAVILION AND PLAYGROUND RENOVATION PROJECT	32,000
MOUNT VERNON CITY SCHOOL DISTRICT 300 NEWARK ROAD MOUNT VERNON, OH 43050		GOV	8TH GRADE WASHINGTON D C CLASS TRIP	41,500
MOUNT VERNON DEVELOPMENT COMPANY INC 1250 VERNONVIEW DRIVE MOUNT VERNON, OH 43050		PC	DOWNTOWN MOUNT VERNON PLANNING STUDY	95,550
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUNT VERNON DEVELOPMENT COMPANY INC 1250 VERNONVIEW DRIVE MOUNT VERNON, OH 43050		PC	OPERATING AND PROPERTY RELATED FUNDS	100,000
MOUNT VERNON NAZARENE UNIVERSITY 1558 COSHOCTON AVENUE MOUNT VERNON, OH 43050		PC	THERESA AND RICHARD HUNTER NURSHING SCHOLOARSHIPS	20,000
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON, OH 43050		PC	ESTHER BUCHWALD ART SCHOLARSHIPS	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON, OH 43050		PC	ARIEL ENGINEERING EDUCATION SCHOLARSHIPS	20,000
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON, OH 43050		PC	MVNU ENGINEERING FACILITY	220,000
MOUNT VERNON NAZARENE UNIVERSITY 800 MARTINSBURG ROAD MOUNT VERNON, OH 43050		PC	MVNU JCPENNY ENGINEERING RENOVATION	1,400,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MTVARTS INC 812 COSHOCTON AVE PMB 168 MOUNT VERNON, OH 43050		PC	MTVARTS INTERNSHIP	1,200
NEWARK CAMPUS DEVELOPMENT FUND 1558 COSHOCTON AVENUE MOUNT VERNON, OH 43050		PC	NEXT GENERATION CHALLENGE	200,000
OHIO STATE UNIVERSITY 1480 W LANE AVE COLUMBUS, OH 43221		PC	SCHOLARSHIPS	5,000
<b>Total</b> . . . . . 				4,374,245
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OHIO STATE UNIVERSITY 25 E WALNUT STREET NEWARK, OH 43055		PC	SCHOLARSHIPS	5,000
OHIOLINA MUSIC FESTIVAL 1 SOUTH MAIN STREET MOUNT VERNON, OH 43050		PC	OHIOLINA MUSIC FESTIVAL	20,000
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO INC 711 E LIVINGSTON AVE COLUMBUS, OH 43205		PC	RMHC MOUNT VERNON FUND MATCHING GRANT	50,000
<b>Total . . . . .</b> ► <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCIENCE PLAY-SPACE INITIATIVE (SPI) INC 227 S MAIN ST MOUNT VERNON, OH 43050		PC	SUMMER MUSIC GARDEN 2017	3,000
SCIENCE PLAY-SPACE INITIATIVE (SPI) INC 227 S MAIN ST MOUNT VERNON, OH 43050		PC	SPI CAMP 2017 SUBSIDY	4,000
SCIENCE PLAY-SPACE INITIATIVE (SPI) INC 227 S MAIN ST MOUNT VERNON, OH 43050		PC	BUCKEYE BUILDING RENOVATION ACTIVE PLAYZONE FUNDING	6,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ST VINCENT DU PAUL RECTORY 206 E CHESTNUT ST MOUNT VERNON, OH 43050		PC	FAST FORWARD INTERVENTION RENWAL	3,600
THE FOUNDATION FOR KNOX COMMUNITY HOSPITAL 1330 COSHOCTON ROAD MOUNT VERNON, OH 43050		PC	PURCHASES AND RENOVATION OF 133 S MAIN ST	917,543
THE STATION BREAK SENIOR CITIZENS CENTER OF KNOX COUNTY 160 HOWARD ST MOUNT VERNON, OH 43050		PC	STATION BREAK MEAL TRUCK	20,000
Total . . . . . ▶ 3a				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE VILLAGE NETWORK 17606 COSHOCTON ROAD MOUNT VERNON, OH 43050		PC	COLLABORATIVE PROBLEM SOLVING TRAINING	45,500
THE VILLAGE NETWORK 17606 COSHOCTON ROAD MOUNT VERNON, OH 43050		PC	KNOX JUVENILE COURT DIVERSION PROGRAM - RENEWAL	190,000
TOUCHPOINTE MARRIAGE & FAMILY RESOURCES PO BOX 93 FREDERICKTOWN, OH 43019		PC	DATA TRACKING	4,000
<b>Total . . . . .</b> 				4,374,245
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF KNOX COUNTY OHIO INC 110 EAST HIGH STREET MOUNT VERNON, OH 43050		PC	IMAGINATION LIBRARY - 2017 RENEWAL GRANT	12,000
UNIVERSITY OF TOLEDO 2801 W BANCROFT TOLEDO, OH 43601		PC	SCHOLARSHIPS	5,000
WINTER SANCTUARY INCPO BOX 421 MOUNT VERNON, OH 43050		PC	WEEKEND SHELTER MANAGER	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF MOUNT VERNON 107 SOUTH MAIN STREET MOUNT VERNON, OH 43050		PC	2017 ANNUAL CAMPAIGN	15,000
YMCA OF MOUNT VERNON 107 SOUTH MAIN STREET MOUNT VERNON, OH 43050		PC	2017 SWIMMING LEASSONS	30,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,374,245

**TY 2017 Accounting Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	23,555	0		0

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2017 Depreciation Schedule**

**Name:** THE ARIEL FOUNDATION  
**EIN:** 27-0226408

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2010-07-01	31,626	29,367	SL	7 000000000000	2,259	0		
OFFICE FURNITURE	2014-05-31	6,910	2,550	SL	7 000000000000	987	0		

## TY 2017 Investments Corporate Stock Schedule

**Name:** THE ARIEL FOUNDATION

**EIN:** 27-0226408

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE SECURITIES	35,667,997	35,667,997

**TY 2017 Land, Etc.  
Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	31,626	31,626	0	
OFFICE FURNITURE	6,910	3,537	3,373	



**TY 2017 Legal Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,250	0		0

**TY 2017 Other Decreases Schedule**

**Name:** THE ARIEL FOUNDATION  
**EIN:** 27-0226408

Description	Amount
BOOK TAX DIFF / CAPITAL GAINS	187,914

# TY 2017 Other Expenses Schedule

**Name:** THE ARIEL FOUNDATION

**EIN:** 27-0226408

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSES	58,320	0		58,319
OTHER DEDUCTIONS - K-1'S	0	54,551		0
ROYALTY DEDUCTIONS - K-1S	0	5,522		0
INVESTMENT INTEREST EXPENSE K-1'S	0	87,223		0

## TY 2017 Other Income Schedule

**Name:** THE ARIEL FOUNDATION

**EIN:** 27-0226408

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REV - SEC LITIG SETTLEMENTS	104	104	104
MERIT ENERGY PARTNERS J, LP	0	55,294	0
OTHER INVESTMENT INCOME - GS	603	605	603
ROCKBRIDGE HSPITALITY		-34,193	
SOUTHOCEAN MSAF		55,367	
SOUTHOCEAN MSAF		14,315	
STAR MOUNTAIN DIVERSIFIED SMALL BUSINESS ACCESS FUND II LP		15,207	
STAR MOUNTAIN DIVERSIFIED SMALL BUSINESS ACCESS FUND II LP		-9,046	
SOUTHOCEAN PRIVATE CREDIT PARTNERS LP	0	8,133	0
MERIT ENERGY PARTNERS		-23	
SOUTHOCEAN PRIVATE CREDIT PARTNERS LP		7,307	
SOUTHOCEAN PRIVATE CREDIT PARTNERS LP		19,033	

**TY 2017 Other Increases Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS	2,675,632
BOOK TAX DIFF / EXCISE TAX	9,479

**TY 2017 Other Professional Fees Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	143,968	192,216		0

**TY 2017 Substantial Contributors  
Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408**Name****Address**

KURT E SCHISLER

1240 GAMBIER ROAD  
MOUNT VERNON, OH 43050

**TY 2017 Taxes Schedule****Name:** THE ARIEL FOUNDATION**EIN:** 27-0226408

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES	2,180	3,132		0
PAYROLL	784	0		784
EXCISE TAX	9,479	0		0



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491311008618	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b> ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>			OMB No 1545-0047  <b>2017</b>
<b>Name of the organization</b> THE ARIEL FOUNDATION				<b>Employer identification number</b> 27-0226408	

**Organization type** (check one)

**Filers of:** Form 990 or 990-EZ

**Section:**

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN BUCHWALD WRIGHT 1240 GAMBIER ROAD MOUNT VERNON, OH43050	\$ 5,041,187	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	ARIEL CORPORATION 35 BLACKJACK ROAD MOUNT VERNON, OH43050	\$ 5,001,409	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SECURITIES AT FAIR MARKET VALUE	\$ 5 041,187	2017-12-19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	SECURITIES AT FAIR MARKET VALUE	\$ 5 001,409	2017-12-15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

<b>Name of organization</b> THE ARIEL FOUNDATION	<b>Employer identification number</b> 27-0226408
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	